CT scans will be acquired on a HiSpeed CT scanner with contiguous 5 mm axial slices, generating 25–30 images per series. MRI scans will be obtained using a Signa 3.0-T scanner with echo-speed gradients. A core infarct is defined as an area with a cerebral blood flow of <30% of normal on CTP. Digital subtraction angiography will be performed before and after thrombectomy. Depending on the severity of the patient's condition, the preferred imaging modality for a 72-h follow-up is MRI with MRA. If MRI is not feasible, CT with CTA is acceptable. The reperfusion status of the occluded large vessels will be assessed using the modified Thrombolysis in Cerebral Infarction (mTICI) scoring system, with successful reperfusion defined as an mTICI score of 2b or higher, indicating ≥50% restoration of blood flow. All neuroimaging data will be centrally evaluated by neuroradiologists blinded to the treatment allocation and patient’s clinical course.